VEHICLE REQUEST INFORMATION FORM

** Once you have completed this form, please turn it in to Bonnie Arriaga SUMC Room 404 **

Requestor’s name (Must be President or Treasurer) __________________________________________

Requestor’s Title ________________________________________________________________

Requestor’s Phone Number __________________________________________________________

Club/Organization ________________________________________________________________

Type of Vehicle and How Many: ______________________________________________________

Destination (Please be specific) ______________________________________________________

Approximate Total Mileage __________________________________________________________

Date/ Time Departure __________________________ Date/Time Returning ______________________

Number of Students ________________________________________________________________

Number of Non Students* __________________________ * Attach a list of all non-student passengers

Purpose of Trip (if attending a conference, you must attach a copy of the conference flyer)

________________________________________________________________________________

________________________________________________________________________________

Account # or Direct Pay _____________________________________________________________

Advisor’s Name ________________________________________________________________

Number of Drivers ________________________________________________________________

Have all drivers complete HOV training? YES _____ / NO _____ (must be completed before reservations can be confirmed)

(Attach a copy of the driver’s license(s) and HOV cards from all drivers)

******* For Office Use Only *******

Confirmation # ______________________ Date Received: ______________________

Revised: 2006